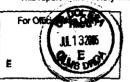
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	7/2/2004 Through: 2/3/2004			
3. Name and address of person fling.	Name, file number, and address of labor organization.			
Name SomUEL D BAILLEY	Name USWA LOCAL DOIDO			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street ENLIGCH ST	Steel 466 HIGHLAND DR			
City Frances Constant	City SHIPPENVILLE			
State ZIP Code + 4	State P.A. ZIP Code +4			
5. Position in labor organization.	(46 m)			
Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any	7.b. Amount.			
Street	, and the second			
City				
State ZIP Code +4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
some Some Desilly	On 7-8-05 (8/4) 375-0956  Date Telephone Number			

Name of Person Filing		File Number U-280	5	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
		<u></u>	35.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		.C.	
Name				
Trade Name, if any:	a. Labor Organizat	ion		
Tieve Marie, II day.	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	and the second second			
City				
State ZIP Code + 4	<u>.'</u>			
21-000-4-				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	0.		
Name				
Trade Name, if any:				
Trace Name, it any:			e <b>n</b> companies de la constant de la c	
P.O. Box, Bldg., Room No., if any				
Street			=	
City	11.b. Approximate dollar value			
	12.a. Nature of interest held	or income received.		
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		<u> </u>	
(including trade name, if any).				
Name				
		ver f		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
	14.b. Amount of payment.	· Section		
13.b. Is the Business an Employer or Consultant?	•			

Local #100 of the United Steelworkers of America is a 9 member local with an annual income of lees than \$3,000.00.

We are employed by Owens Illinois in Clarion P.A.

All wages and benefits I receive are covered under the collective bargaining agreement between the union and the companies.

The only DOL file number the local has is the LM-4 filing number 033-609.

President local 00 100